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## BIB DATA SHEET

CONFIRMATION NO. 7647

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/596,535	06/15/2006	433	3732	0032.0007US1		
<b>RULE</b>						
<b>APPLICANTS</b> Andrei V. Belikov, St. Petersburg, RUSSIAN FEDERATION; Gregory Altshuler, Lincoln, MA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/34606 09/29/2005 which claims benefit of 60/614,183 09/29/2004 and claims benefit of 60/681,630 05/17/2005 and claims benefit of 60/702,460 07/25/2005 (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/13/2007						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		RUSSIAN FEDERATION	15	61	18
Verified and	/MATTHEW M NELSON/ Examiner's signature	Initials				
Acknowledged						
<b>ADDRESS</b> HOUSTON ELISEEVA 4 MILITIA DRIVE, SUITE 4 LEXINGTON, MA 02421 UNITED STATES						
<b>TITLE</b> Method and apparatus for tooth rejuvenation and hard tissue modification						
<b>FILING FEE RECEIVED</b> 3205	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		